Council on Mentally Ill Offenders (COMIO)

2017 Annual Report to the Legislature - Findings and Recommendations

Section A: Maximizing Behavioral Health Services for the Justice-Involved or At-Risk of Involvement

Finding: The consequence of behavioral health needs not being met effectively in the community is costly. For many, if not the majority, correctional facilities provide incarcerated adults with their first access to preventive and chronic care, including treatment for substance use and mental health disorders. The Affordable Care Act, and in particular Medicaid expansion and the inclusion of mental health and substance use disorder treatment as one of ten essential health benefits, has provided enormous opportunities to build community alternatives to incarceration.

1. **Recommendation:** Preserve and protect California's expansion of Medi-Cal and mental health and substance use disorder treatment as essential health benefits. The success of public safety realignment and criminal justice reforms in California is significantly reliant on expanded Medi-Cal eligibility and services, especially behavioral health services. Protecting this expansion is paramount to address overcrowded jails and prisons, but more importantly, to serve people with behavioral health needs in the community before they are in crisis or at-risk of incarceration.

Finding: The benefits of behavioral health services are clear but what is less clear is how someone accesses services in the community and what can one expect to receive. Individuals, whether they are administrators, providers, or service-users cannot advocate for the help that is needed without knowing what individuals are lawfully entitled to and what is readily available.

2. **Recommendation:** Mental Health Plans (MHPs) and Medi-Cal Managed Care Plans (MCPs) are required to provide easy to understand information about benefits and how to access services. Leverage such efforts by assessing for accessibility to various justice partners, providers and service users. Offer recommendations for improvements if needed. Raise awareness about such resources and use dissemination channels including making the information available on COMIO's website as well as the websites of other justice partners.

Finding: Significant improvements have been made to expand Medi-Cal benefits to individuals with behavioral health challenges and justice involvement or risk of involvement, but more needs to be done.

Screening and Eligibility

3. **Recommendation:** Require universal screening with reliable and validated tools for mental illness, substance use and/or co-occurring disorders, and criminogenic risk at jail intake and identify strategies to resource such efforts. Doing so will provide valuable information to support diversion, needed services, and improved connections to necessary care.

4. **Recommendation:** Require screening of eligibility for health care coverage and other benefits at intake in jails and prison and identify strategies to resource such screening, either among custody or in partnership or under contract with health and social services staff. Efforts should be consistent with local eligibility screening and determination processes and protocols.

5. **Recommendation:** Remove the one-year limitation on California's Medi-Cal suspension policy and instead support indefinite suspension so that benefits can be activated immediately upon release to achieve continuity of care. There have been recent legislative proposals regarding this that have yet to be successful. This is likely due to possible costs to the state general fund or concerns about federal approval. Follow-up to determine what the barriers have been, and if there are possible resolutions or alternatives. Support policies that are more likely to sustained health care coverage, including the development of a simplified annual redetermination process for those in jail or prison.

Enrollment to Health Plan Assignment and Access

6. **Recommendation:** If capacity within correctional settings for enrollment efforts is limited, priority should go to people with health problems - physical and behavioral. This is another reason why is to so important to conduct an effective behavioral health assessment along with assessment of criminogenic risk to ensure those with the great needs returning to the community are the most likely to receive health coverage and other benefits.

7. **Recommendation:** Research what other states are doing through technology to expedite Medicaid eligibility and enrollment such as ease of imposing and lifting suspension status, use of peer educator to support managed care plan selection and other strategies to expedite access to reimbursable services.

8. **Recommendation:** The Department of Health Care Services (DHCS), California Department of Corrections and Rehabilitation (CDCR), and county stakeholders like behavioral health, social services, probation and the sheriffs' department can consider the feasibility of a state plan amendment that would establish short-term presumptive eligibility for those exiting incarceration whose eligibility cannot be determined at the point of release, particularly if they are in need of medical and behavioral health services upon release. The goal is to devise a reasonable strategy where Medi-Cal can support an individual's transition from incarceration to community.

9. **Recommendation:** Address gaps that exist between eligibility, enrollment and service access due to an additional process of selecting a local Medi-Cal Managed Care plan and completing additional paperwork. Explore strategies where plan selection could be completed simultaneously with eligibility and enrollment processes, for example in small and rural counties that might only have one plan option. Prior to release individuals can receive support to choose a specific provider within the network of the plan selected.

Finding: California and its county partners are not maximizing all opportunities for federal reimbursement for Medi-Cal beneficiaries. **Maximizing federal reimbursement can preserve scarce state and local resources for needed, but non-reimbursable, services.**

10. **Recommendation:** Public safety entities and county Mental Health Plans should collaborate to identify optimal strategies to engage individuals who are being released from jail or prison into appropriate health or behavioral health care. This may include pre-release discharge planning and/or transition to community-based services. To support these efforts, counties should maximize the identification and use of available federal funding, as allowed (e.g., Medi-Cal Administrative Activities, Medi-Cal medical assistance).

11. **Recommendation:** Over 85 percent of parolees are exiting incarceration as Medi-Cal beneficiaries. Identify mechanisms to ensure that parolees who are Medi-Cal beneficiaries have access to the services they are entitled to either through the Specialty Mental Health System or a Medi-Cal Managed Care Plan. Such work provides an excellent opportunity to strengthen collaboration between state and local partners.

12. **Recommendation:** DHCS, in consultation with behavioral health and criminal justice stakeholders, should clarify and provide guidance to counties on when and to what extent Medi-Cal and Mental Health Services Act (MHSA) funds can be used for the justice-involved, including parolees who are now Medi-Cal beneficiaries.

13. **Recommendation:** Maximizing federal reimbursement for parolee mental health care will aid in supplying the resources needed to better address physical and behavioral health needs. The benefits and challenges regarding how to do so most effectively should be thoroughly examined in preparation for 2020 Medi-Cal waiver renewal.

Finding: Connections to care are fragmented and disjointed for a variety of reasons ranging from a lack of resources especially housing, to complications with data sharing, to low capacity to navigate complex community health and service systems.

Discharge Planning, Reentry and Housing

14. **Recommendation:** Ensure that jails, state prisons, and state hospitals have specific policies in place for enhanced pre-release and discharge planning for individuals who screen and assess at-risk due to serious mental illness (SMI), substance use disorder (SUD), co-occurring disorder (COD), and/or criminogenic needs. Assess how extensively Medi-Cal is being used to support these efforts compared to other funding sources like the MHSA, Realignment, or categorical grant programs. Consider strategies that connect individuals with their service provider prior to release, even if from a state institution. Pre-release and discharge strategies that include individuals with previous incarceration experience have demonstrated effectiveness.

15. **Recommendation**: Explore the feasibility and mechanics of piloting in jails and/or prisons promising practices to improve continuity of care, including:
    a. Use of community health workers and peers for both jail/prison in-reach and community-based service support and system navigation,

b. Engagement and communication between community supervision (probation and parole) entities and behavioral health service providers to break down myths and misperceptions of roles and responsibilities,
c. Data-sharing that allows the sharing of health information between criminal justice and behavioral and health partners, and
d. Incentives (including enhanced funding or training and technical assistance) for providers who can specialize in populations who are high-risk and require a specialized skill set to tackle complex conditions (e.g. homelessness, SMI, SUD, COD, criminogenic risks).

16. **Recommendation:** Considering the risk and crisis in homelessness among the justice-involved population with serious behavioral health needs upon reentry, all efforts to address homelessness and the housing crisis in California should take into consideration the unique needs of this population. Moreover for the justice-involved population with behavioral health challenges, housing must be linked to services and vice versa.
    a. Maximize the use of Medi-Cal funds for the justice-involved (therefore expanding federal financial participation) including for housing services so that resources saved can be directed towards a variety of housing needs for the reentry population especially for immediate short-term and transitional housing,
    b. Support practices that provide equal opportunities for housing for those being released from institutions such as jails, prisons, juvenile detention, state hospitals and even parole such as the *No Place Like Home Initiative* which will include individuals who are at-risk of chronic homelessness as part of their target population, and
    c. Strengthen state-level efforts to combat *Not in My Backyard* (NIMBY) community responses for housing for individuals with behavioral health needs and/or individuals who have been formerly incarcerated. Explore if and how the *Housing Accountability Act* will aid in enforcing the development of appropriate housing for special needs populations who may be experiencing discrimination.

Finding: The Whole Person Care (WPC) and Drug Medi-Cal Organized Delivery System of Care (DMC-ODS) Pilot Programs offer opportunities for counties to design interventions and payment models that achieve improved outcomes for the justice-involved with significant health and behavioral health challenges.

17. **Recommendation:** COMIO will continuously monitor the lessons learned emerging from counties and their partners implementing programs under these initiatives that especially target individuals with justice-involvement or for those returning home from incarceration. Through enhanced pre-release and discharge planning in local jails, CDCR, and the Department of State Hospitals (DSH) could have enhanced capacity to directly link appropriate individuals to community-based services prior to release. Disseminate lessons learned across counties and include health, behavioral health, and public safety partners to examine how similar efforts could be adopted locally. Learning from these initiatives should influence decisions about how to change or update Medi-Cal waivers in 2020.

B. Support and Expand the Impact People with Lived Experience have on Reducing the Incarceration of Individuals with Behavioral Health Challenges

Finding: **California lacks a cost-effective and evidence-based statewide peer support model for prevention, diversion, and reentry programming to reduce recidivism and prevent incarceration among individuals with mental illness.**

18. **Recommendation:**
    a. Promote the use of peers who have former justice-involvement as an essential provider in the behavioral health workforce. All efforts to expand the use of peers in the workforce should include the formerly incarcerated.
    b. Support efforts to establish a statewide certification program equipped with competencies that are effective in meeting the complex needs of the justice-involved population.
    c. Promote cost-effective treatment models by identifying strategies to ensure that paraprofessional services delivered by peer support specialists, substance use disorder (SUD) counselors, and community health workers are Medi-Cal reimbursable.

Finding: **There are significant barriers to employment for individuals who have a history of justice involvement. These barriers also exist in county behavioral health systems.**

19. **Recommendation:**
    a. Short-term: Assess and document barriers to employment for individuals with justice-involvement. With support from counties, identify effective practices for addressing barriers to employment and disseminate them statewide. Encourage local governments to utilize this untapped resource to build the capacity of their behavioral health workforce.
    b. Long-term: In partnership with counties, strategize to address barriers through policy change.

Finding: Community Health Workers (CHWs) are often used to bridge the gap between community members and health care services. The CHW model has been used in different settings, including justice settings, to strengthen connections to health care services and general assistance benefits for individuals who have complex health needs.

20. **Recommendation:**
    a. Identify different CHW models being used in California and how they have been, or can be, effective in behavioral health settings.
    b. Ensure that models implemented also consider and address the needs of justice-involved individuals who have behavioral health needs.

Finding: In September 2017, Governor Edmund J. Brown Jr. signed legislation to amend Penal Code Section 6044 to direct the Council to also address the need of those who receive substance use disorder services. Many individuals who are justice-involved have a co-occurring mental illness and substance use disorder. Screening, assessment, and treatment of these co-occurring disorders can be performed through integrated care.

21. **Recommendation:** Statistics document that if a person is justice-involved and has a mental illness, over three-quarters have a co-occurring substance use treatment need.
    a. The Council must better understand integrated care for co-occurring disorders and effective treatments.
    b. In future work the Council should identify and disseminate best practices for the role of SUD counselors provide in treating the target population.
    c. Overall the Council should advocate that all mental health care providers working with the justice-involved population (especially in custody or correctional settings) be trained to address co-occurring disorders.

Finding: Specially trained providers are needed to serve the target population due to their complex needs. There is emerging evidence that effective models exist in California but are not being implemented statewide.

22. **Recommendation:**
    a. Examine effective models to determine strategies for integration of SUD counselors.
    b. Set out to better understand how peers, CHWs, and SUD counselors can work to serve people with co-occurring disorders.
    c. Strengthen collaborative relationships by cross-training Peer Support Specialists, CHWs, and Substance Use Disorder (SUD) Counselors. Foster the development of a culturally competent workforce that can effectively address the unique needs of the justice-involved population.

C. Future Directions for 2018

Finding: Although federal, state and local partners have invested significantly in this issue, the state lacks a coordinated, strategic approach that leverages the authority and resources across state government to maximize the prevention and diversion of individuals with mental illness and substance use disorders from the criminal justice system. This includes effective reentry strategies tailored to meet the needs of individuals with serious mental illness, substance use disorder, co-occurring disorders, and/or high criminogenic risk factors who have specialized needs. In addition, continuity of care between state and local criminal justice and behavioral health systems is fragmented and perpetuates negative consequences such as recidivism, homelessness, and hospitalization.

Recommendation: COMIO is well positioned to build upon existing efforts and lead state agencies, departments, advisors, and stakeholders to:

a. Catalogue existing state and federal efforts in prevention, diversion, and reentry, including the authority and funding provided by different entities,
b. Identify strengths and barriers in existing efforts including opportunities to improve coordination to address gaps in prevention, diversion and reentry efforts,
c. Develop a prioritized plan of legislative, regulatory, financial, educational, and training and technical assistance activities for statewide action, and
d. Create a reasonable structure to measure the progress and impact of such activities.

Such a plan would echo and reinforce local planning processes underway and ensure that state resources are prioritized to achieve measurable objectives.